

CHAPTER 8

OSHA RECORDING AND REPORTING OF WORK-RELATED INJURIES AND ILLNESSES

8.1 PURPOSE

This Chapter sets forth the policy and responsibilities for recording and reporting work-related injuries and illnesses as required by the Occupational Safety and Health Administration (OSHA).

8.2 POLICY

It is the policy of AMS that agency programs record and report injuries and illnesses as required by OSHA standards and with the guidance issued in this Chapter. Records of injuries and illnesses will be accurate, complete, and meet all regulatory requirements.

Note: This Chapter only relates to the recording and reporting for OSHA requirements. It has no bearing on the Department of Labor, Office of Workers' Compensation Programs (OWCP) regulations which require all on-the-job accidents to be reported on a CA-1 (Federal Employee's Notice of Traumatic Injury) and work-related illnesses to be reported on a CA-2 (Notice of Occupational Disease).

8.3 BASIC PROGRAM REQUIREMENTS

AMS programs will no longer use 29 CFR Part 1960 (Elements for Federal Employee Occupational Safety and Health Programs), Subpart I (Recordkeeping and Reporting Requirements) for recording injuries and illnesses; but instead will use 29 CFR Part 1904, Subparts C, D, E, and G (Recording and Reporting Occupational Injuries and Illnesses).

A. The following sections of 29 CFR Part 1960 have also been changed:

1. Section 1960.2(l) "Categories of injuries/illnesses/fatalities" has been revised to define injuries and illnesses as: "An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illness includes both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning."
2. Section 1960.29(b) regarding accident investigations, has been revised to state: "In any case, each accident which results in a fatality or the hospitalization of three or more employees shall be investigated to determine the causal factors involved. Except to the extent necessary to protect employees and the public, evidence at the scene of an accident shall be left untouched until inspectors have an opportunity to examine it."

B. AMS shall use OSHA Form 300 (Log of Work-related Injuries and Illnesses), the OSHA Form 300A (Summary of Work-related Injuries and Illnesses), and portions of the

OSHA Form 301 (Injury and Illness Incident Report) for recording injuries and illnesses that meet the criteria in 29 CFR Part 1904. Copies of the forms are included in Attachments 1 through 3 of this Chapter. The forms, in Microsoft Excel format, can also be found at: <http://www.osha.gov/recordkeeping/new-osha300form1-1-04.xls>.

8.4 REQUIREMENTS FOR RECORDING ON THE OSHA 300

Only those injuries and illnesses that are new cases, are work-related, and are described in 29 CFR Sections 1904.7 through 1904.12 will be recorded on the OSHA 300.

A. New Case.

1. A case is new if the employee has not previously experienced a recordable injury or illness of the same type that affects the same part of the body, or the employee has previously experienced a recordable injury or illness of the same type that affects the same part of the body, but had recovered completely and an event in the work environment caused the signs and symptoms to reappear.

B. Work-related.

1. A case is considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition, or an event or exposure in the work environment significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment. The work environment is defined as the establishment and other locations where one or more employees are working or present as a condition of employment.
2. An injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was engaged in work activities in the interest of AMS.
3. An injury or illness that occurs while an employee is working at home is work-related if it occurred while the employee was performing work for pay or compensation in the home, and if it was directly related to the performance of work rather than the general home environment.
4. Examples of cases that are not work-related include:
 - a. symptoms arising in the work environment that are due to a non-work-related event;
 - b. voluntary participation in a wellness program, medical, fitness or recreational activity;
 - c. eating, drinking or preparing food or drink for personal consumption;
 - d. personal grooming, self medication for non-work-related condition, or an intentional self-inflicted injury; and

- e. mental illness, unless the employee voluntarily provides a medical opinion from a physician or licensed health care professional (PLHCP) who has the appropriate qualifications and experience that affirms work relatedness.

C. Recordable Criteria.

1. As described in 29 CFR Sections 1904.7 through 1904.12, an injury or illness is recordable on the OSHA 300 if it is a new case, is work-related, and if it results in one or more of the following:

- a. death;
- b. days away from work;
- c. restricted work activity or job transfer;
- d. medical treatment beyond first aid;
- e. loss of consciousness; and/or
- f. significant injury or illness diagnosed by a PLHCP.

8.5 RECORDABLE INJURIES AND ILLNESSES

A. General. For each injury or illness that is recordable as outlined in section 8.4 of this Chapter, the responsible AMS program official shall complete the OSHA 300 heading, and then enter a case number (created by the AMS program), the employee's name, job title, date of injury or onset of illness, where the event occurred and a description of the injury or illness.

B. Death. If the injury or illness results in a death, the AMS program official shall enter a check mark in column G.

C. Days Away From Work. Days away from work are recorded on the OSHA 300 if the injured or ill employee requires 1 or more days away from work. The AMS program official shall begin counting the days away from work on the day after the injury or illness occurred. The AMS program official must record all injuries or illnesses when a PLHCP recommends that the worker stay at home--even if the employee comes to work.

1. AMS should encourage the employee to follow the PLHCP's recommendations, but the days away must be recorded whether the injured employee follows the PLHCP's recommendation or not. If the PLHCP recommends the worker return to work but the employee stays at home, the AMS program official must end the count of days away from work on the date the PLHCP recommends that the employee return to work.

2. The AMS program official must count the number of calendar days the employee was unable to work as a result of the injury or illness, regardless of whether or not the employee was scheduled to work on those days. Weekend days, holidays, vacation days or other days off are included in the total number of days recorded if the employee would not have been able to work on those days because of a work-related injury or illness.

3. Days away from work shall be recorded by entering a check mark in column H on the OSHA 300 and by entering the number of calendar days away in column K. Do not count the day on which the injury or illness occurred. Begin counting days from the day after the incident occurred. The number of days away shall be the number of days away recommended by the PLHCP. If the employee does not visit a PLHCP, the AMS program official shall enter the actual number of days the employee was not at work.

D. Restricted Work Activity or Job Transfer. “Restricted work activity” occurs when: (1) AMS keeps the employee from performing one or more routine functions of his or her job; or (2) AMS keeps the employee from working a full workday; or (3) a PLHCP recommends either (1) or (2). A “job transfer” is when AMS : (1) assigns the employee to a job other than his or her regular job; or (2) assigns the employee to a job other than his or her regular job for part of the day. If the employee is on restricted work or a job transfer, the employee has remained at work. Work restrictions and job transfers shall be recorded on the OSHA 300 by placing a check mark in column I and by entering the number of days of restricted work or the number of days on job transfer in column L. Do not count the day on which the injury or illness occurred. Begin counting days from the day after the incident occurred.

E. Medical Treatment. Medical treatment is the management and care of a patient to combat a disease or a disorder. Medical treatment does not include visits to a PLHCP solely for observation or counseling, diagnostic procedures, or first aid. Below is a complete list of procedures that have been determined to be non-recordable “first aid” by OSHA and are defined in 29 CFR Part 1904.7:

1. Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
2. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment and are recordable);
3. Cleaning, flushing or soaking wounds on the surface of the skin;
4. Using wound coverings such as bandages, Band-AidsTM, gauze pads, etc.; or using butterfly bandages or Steri- StripsTM (other wound closing devices such as sutures, staples, etc., are considered medical treatment and are recordable);
5. Using hot or cold therapy;
6. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to

immobilize parts of the body are considered medical treatment and are recordable);

7. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.);
8. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
9. Using eye patches;
10. Removing foreign bodies from the eye using only irrigation or a cotton swab;
11. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
12. Using finger guards;
13. Using massages (physical therapy or chiropractic treatment are considered medical treatment and are recordable); or
14. Drinking fluids for relief of heat stress.

Medical treatment (other than first aid) received by the employee is recordable even if it does not result in days away from work, restricted work, or job transfer. The AMS program official shall enter a check mark on the OSHA 300 in column J "Other recordable cases," when the employee received medical treatment but remained at work and was not transferred or restricted.

F. Loss of Consciousness. Any work-related injury or illness where the employee becomes unconscious, regardless of the length of time the employee remains unconscious, is recordable. All incidents of unconsciousness will be recorded even if it does not result in days away from work, restricted work, or job transfer. The AMS program official shall place a check mark on the OSHA 300 in column J "Other recordable cases."

G. Significant Medical Illnesses.

1. Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a PLHCP. OSHA believes that most significant injuries and illnesses will result in one of the criteria listed in 29 CFR Part 1904.7(a): death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. However, there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended.

2. In addition, there are some significant progressive diseases, such as byssinosis, silicosis, and some types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses. OSHA believes that cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be recorded at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case.

3. All incidents of significant medical illness will be recorded even if it does not result in days away from work, restricted work, or job transfer. Record all medical illnesses such as noise-induced hearing loss; skin diseases or disorders caused by exposure to chemicals, plants, etc.; respiratory conditions associated with breathing hazardous agents, dust, gases, etc.; and poisoning evidenced by concentrations of toxic substances in blood, tissue, etc.

4. Significant medical illnesses shall be classified and recorded on the OSHA 300 by placing a check mark in column M(6) "All other illnesses" or by placing a check mark in the applicable column M(2) through M(5).

H. Specific Conditions.

1. *Bloodborne Pathogens.* Record on the OSHA 300 all work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material. This includes human bodily fluids, tissues and organs, and other materials infected with HIV or HBV such as laboratory cultures. Also, record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording criteria.

2. *Needlesticks.* All work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material, whether they result in days away from work, or restricted work or job transfer, must be entered on the OSHA 300 as an injury. Also, the employee's name will not be recorded on the OSHA 300 in these types of incidents. Instead, the AMS program official will enter "Privacy Case" in column B "Employee's Name." See Section 8.7 of this Chapter regarding Privacy Cases.

3. *Medical Removal.* If an employee is medically removed under the medical surveillance requirements of an OSHA standard, the AMS program official must record the case on the OSHA 300. The case should be recorded as either one involving days away from work or days of restricted work activity, depending on how the Program decides to comply with the medical removal requirement. If the medical removal case is the result of a chemical exposure, the AMS program official must enter the case on the OSHA 300 by placing a check mark in column M(4) "Poisoning."

4. *Hearing Loss.* If an employee's hearing test (audiogram) reveals that the employee has experienced a work-related Standard Threshold Shift (STS) in hearing in one or both ears, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS, the AMS program official must record the case on the OSHA 300 by placing a check mark in column M(5) "Hearing loss."

5. *Tuberculosis.* If an employee has been occupationally exposed to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a tuberculosis infection, as evidenced by a positive skin test or diagnosis by a PLHCP, the AMS program official must record the case on the OSHA 300 by placing a check mark in the column M(3) "Respiratory condition."

8.6 OSHA 300 GENERAL RECORDING CRITERIA

Instructions for completing the OSHA 300.

A. At the top of each OSHA 300, the AMS program official will enter the calendar year, the "establishment" name and the city and state. "Establishment" (as defined in 29 CFR Part 1960.2) is a "single physical location where...operations are performed...Typically, an 'establishment'...refers to a field activity, regional office, area office...or facility." Therefore, the OSHA 300 can be maintained at a convenient location where the AMS program official can complete and update the form as needed.

B. Entries will be made on the OSHA 300 only if the injury or illness meets the criteria in Section 8.4 A, B, and C of this Chapter.

C. Employees covered include employees on the payroll, employees not on the payroll but who are supervised on a day-to-day basis by AMS, and contracted workers.

D. Each recordable injury or illness must be entered on the OSHA 300 within 7 calendar days after receiving information that a recordable case occurred.

E. Except in the case of death, every case entered on the OSHA 300 will have either the column M(1) checked to identify the case was an "injury," or will have M(2, 3, 4, 5, or 6) checked to identify the case was an "illness."

F. The AMS program official is required to continue to keep track of the number of calendar days the employee is away from work and number of days of job transfer or restriction. However, the AMS program official may "cap" the total days away or days transferred or restricted at 180 calendar days--meaning the day count can end at 180 days.

G. The AMS program official may stop the day count if the employee leaves AMS for a reason unrelated to the injury or illness. If the employee leaves AMS because of the injury or illness, the AMS program official must estimate the total number of days.

H. If the outcome or extent of the injury or illness changes after the AMS program official has recorded the case, simply correct the entry and reenter the correct information. The AMS program official must continue to update the OSHA 300 and record the most serious outcome for each case until the 180 day cap is met.

I. If a case occurs in one year but results in days away during the next calendar year, the AMS program official will only record the injury or illness once. An entry will be made on the OSHA 300 in the year the injury or illness occurred. If the employee is still away from work because of the injury or illness when the OSHA 300A Summary is prepared, the AMS program official will estimate the total number of calendar days the official expects the employee to be away from work. The AMS program official will update the OSHA 300 entry later, when the actual day count is known or reaches the 180-day cap.

J. The OSHA 300 should be retained for 5 years following the year it covers. The OSHA 300 will continue to be updated during the 5 years by updating the days away from work, or the number of restricted work days or job transfer days, as applicable.

K. The OSHA 300 can be maintained in an electronic format (computer) as long as it can be retrieved and printed upon request.

8.7 PRIVACY CASES

A. A “Privacy Case” is:

1. an injury or illness to an intimate body part or the reproductive system;
2. an injury or illness resulting from a sexual assault;
3. mental illnesses;
4. HIV infection, hepatitis, or tuberculosis;
5. needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (see 29 CFR Part 1904.8 for definitions); and
6. other illnesses, if the employee voluntarily requests that his or her name not be entered on the log.

B. In a Privacy Case, the employee’s name is not entered on the OSHA 300. Instead, enter “Privacy Case” in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee; however, the AMS Program official must keep a separate, confidential list of the case numbers and employee names in a separate file and be able to produce that list to update the cases as needed and/or to provide information to USDA or other Federal officials if requested.

C. If the AMS Program believes that further privacy protection is needed, the AMS program official may use discretion in describing the injury or illness on the OSHA 300. The AMS program official must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but they do not need to include details of an intimate or private nature. For example, a sexual assault case could be

described as “injury from assault,” or an injury to a reproductive organ could be described as “lower abdominal injury.”

8.8 OSHA 301 INJURY OR ILLNESS INCIDENT REPORT

A. AMS will continue to use the Department of Labor, Office of Workers’ Compensation Programs (OWCP) CA-1 (Federal Employee’s Notice of Traumatic Injury) and CA-2 (Notice of Occupational Disease) to report injuries and illnesses. AMS will also continue to work with OWCP regarding employee compensation, continuation of pay, etc. However, AMS program officials are now also required to complete questions 14 through 18 on the OSHA 301 (Attachment 3) to meet the new OSHA reporting requirements.

B. The AMS program official shall complete questions 14 through 18 on the OSHA 301 within 7 calendar days of receiving information that a recordable case occurred.

C. The OSHA 301 with questions 14 through 18 completed, shall be filed with the OSHA 300 and OSHA 300A.

8.9 OSHA 300A SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

A. An OSHA 300A (Attachment 2) shall be prepared for each calendar year. At the end of each calendar year, the AMS program official must:

1. review the OSHA 300 to verify that the entries are complete and accurate;
2. correct any deficiencies identified on the OSHA 300;
3. complete the OSHA 300A;
4. certify the OSHA 300A; and
5. post the completed OSHA 300A for a 3-month period from February 1 to April 30 of the year following the year covered by the summary.

B. Upon completion of the OSHA 300A, the AMS program official must retain the OSHA 300A for 5 years following the year that it covers. Unlike the OSHA 300, the OSHA 300A does not need to be updated during the 5 year retention period. The OSHA 300A may be stored electronically as long as it can be retrieved and printed upon request.

8.10 ON-LINE OSHA 300, OSHA 300A, and OSHA 301 FORMS

A. The AMS program official can utilize the Microsoft Excel forms for recording information on the OSHA 300, 301 and 300A. The forms are linked to facilitate summarizing information from the OSHA 300 to the OSHA 300A. The Excel forms can be accessed at: <http://www.osha.gov/recordkeeping/new-osh300form1-1-04.xls> .

8.11 OTHER ON-LINE RESOURCES

Federal Register - Final Rule: Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters; Subpart I for

Recordkeeping and Reporting Requirements -- 29 CFR Part 1960:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGIS TER&p_id=18264

29 CFR Part 1904:

http://www.access.gpo.gov/nara/cfr/waisidx_04/29cfr1904_04.html

Booklet with new OSHA forms and instructions:

<http://www.osha.gov/recordkeeping/new-osh300form1-1-04.pdf>

OSHA's injury and illness recordkeeping website:

<http://www.osha.gov/recordkeeping/index.html>

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